

Charlotte Behavioral Health Care Medical Exclusionary Requirements:

The following medical illnesses and/or complications may delay or prevent admission to Charlotte Behavioral Health Care Crisis Stabilization Unit.

- A. **Hypertension** – Individuals with two or more readings greater than 180/100. If the blood pressure has been stabilized for a minimum of 4 hours, admission will be considered.
- B. **Diabetes** – Individuals with untreated or out of control symptoms (as determined by both blood sugars, hydration and lab studies in the Emergency Department) may preclude admission. Normally blood sugars above 300 for adults and 200 for minors or symptoms of hypoglycemia would call attention as to the stability of a particular individual and appropriateness of admission. This would be handled on a case-by-case basis.
- C. **Wounds** that require more than simple dry dressings or which require intensive daily treatments due to their size, location or sterile field are precluded.
- D. Individuals whose **level of intoxication and/or influence of a substance** hinder their ability to provide the staff with critical assessment information.
 - 1. Clients who are unable to provide information regarding the type and quantity of substance ingested will require both a urine drug screen and blood alcohol level to enable the appropriate Detox Protocol be used.
 - 2. Individuals who are acutely intoxicated with blood alcohol levels in excess of 200 for adults and 100 for minors are not appropriate for transfer to Charlotte Behavioral Health Care. The individual is appropriate for transfer when those levels are below minimum numbers.
 - 3. Individuals requiring methadone maintenance are not suitable for the Crisis Stabilization Unit because Charlotte Behavioral Health Care is not licensed to treat with Methadone. If clients are admitted and are known to be on Methadone, they will be medicated per Opiate Detox Protocol.
- E. **Broken bones** requiring physical therapy for which total bed rest (non-ambulatory) is required.
- F. **Infections** requiring aggressive treatment but not limited to pneumonia, pulmonary infiltrates, thrombophlebitis, severe urinary tract or severe gynecological infections requiring IV antibiotics or elevated temperatures of unknown etiology (greater than 101 degrees F) accompanied by acute symptomatology, active TB and gangrene.
 - 1. Individuals with an **active infectious process** which require any type of isolation and whose treatment and/or management is unable to prevent cross contamination of other CSU clients will be

precluded from entry (active tuberculosis, HIV clients with a secondary infection, or any active childhood communicable disease).

2. Individuals who are unable to maintain integrity of bodily eliminations or are **incontinent** of urine and/or feces as related to diseases or infections transmitted via blood and body fluids will be precluded from entry to the CSU.
- G. **Seizure** consumers who have not been taking anti-convulsant medication and are having active seizures are precluded for admission.
1. Individuals will be appropriate for admission when therapeutic levels of the appropriate anti-convulsant medication are documented or therapeutic levels have been administered intravenously to the client provided there are no further seizures.
 2. Admission of status epilepticus clients will not be appropriate until **seizure-free for 72 hours**.
- H. **Cardiac and/or pulmonary disease** where oxygen or any assist-type of equipment (including CPAP, nebulizer, etc.) is needed preclude admission.
- I. Any individual receiving **IV fluids, feeding tubes, or indwelling catheters**. Self-care urinary catheters (with own supplies) will be considered on a case-by-case basis.
- J. Individuals with a recent tracheotomy, capped or non-capped, precludes admission.
- K. Individuals with a recent significant **head trauma** complicated by the loss of consciousness, seizure or change in mental status will require neurological checks for a minimum of 72 hours prior to admission and must be seizure-free (including negative CT scan).
- L. Individuals requiring intensive treatment for **cancer** such as chemotherapy or radiation therapy preclude admission.
- M. Individuals requiring **kidney dialysis** or who manifest signs and symptoms of acute uremia preclude admission.
- N. **Pregnancy** with complications, or with no pre-natal care and within 4-6 weeks of delivery is not appropriate for admission to the CSU. All pregnant individuals who are in their third trimester will be handled on a case-by-case basis.
- O. Individuals whose condition requires bedside rails, adjustable hospital beds, inability to ambulate or clients who are paralyzed that require tub baths are not appropriate for admission.

- P. **Individuals who have taken overdoses must have the following:**
1. The client must be screened and medically stabilized with supporting lab work performed by appropriate resources.
 2. In situations where significant amounts were ingested, repeat laboratory work (3-4 hours apart) must be performed to verify that the client is indeed remaining stable and the high levels are declining (Tylenol/Aspirin).
 3. Tricyclic overdoses will require an EKG and cardiac enzyme labs with physician statement ruling out cardiac damage and cardiac rhythm stability.
 4. Vital signs and gross neurological signs must be within normal documented.
 5. The client must be awake and alert and able to ambulate unassisted except in the case of physically handicapped individuals.
 6. Overdoses will be treated according to the Regional Poison Control recommendations and are eligible for admission after medical stabilization.
- Q. Any client receiving **Mucomyst treatments** will have these treatments completed or discontinued at the hospital/provider a minimum of four (4) hours prior to transfer and client's condition remains stable.
- R. **Developmentally disabled** individuals requiring toileting, feeding, or anyone-to-one nursing assistance will be evaluated on a case-by-case basis.
- S. **Any complex medical condition** not described previously, will be evaluated on a case-by-case basis following a nurse-to-nurse report.